

**NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)**

☐ Duplicate
(check, if applicable)

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Washington, DC 20231

Attorney Docket No. **053663-5017-01**
First Named Inventor: **Boris Skurkovich et al.**
Express Mail Label No. **EV260285084US**
Total Pages of Transmittal Form: **2**

Transmitted herewith for filing is the non-provisional utility patent application entitled:

TREATMENT OF SCHIZOPHRENIA

which is:

an ☐ Original; or

a ☒ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP)

of U.S. Application No. 10/422,119, filed April 24, 2003.

Anticipated Group/Art Unit: _____ or Class _____, Subclass _____.

☐ This non-provisional patent application is based on Provisional Patent Application
No. _____, filed _____.

Enclosed are:

- ☒ Specification (including Abstract) and claims: 68 pages.
- ☒ Unexecuted Declaration of Simon Skurkovich.
- ☒ Unexecuted Declaration and Power of Attorney.
- ☐ Copy of Declaration from prior application.
- ☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
- ☒ One (1) Sheet of drawings (formal) plus one copy.
- ☐ Microfiche computer program (Appendix).
- ☐ Nucleotide and/or Amino Acid Sequence Submission, including:
 - ☐ Computer readable copy ☐ Paper Copy ☐ Verified Statement.
- ☐ Under PTO-1595 Cover Sheet, an assignment of the invention
- ☒ Name of Assignees: **Advanced Biotherapy, Inc.**
- ☐ Certified copy(ies) of _____ Application No(s). _____ filed _____ is/are filed:
 - ☐ herewith or ☐ in prior application ____.
- ☒ Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under 37
C.F.R. §1.27 as ☐ an Independent Inventor, or ☒ a Small Business Concern, or ☐ a
Non-Profit Organization.
- ☒ Preliminary Amendment.
- ☐ Information Disclosure Statement, PTO-1449, and cited references.
- ☐ Request for Nonpublication of Application Under 35 U.S.C. §122(b)
- ☐ Other:



The filing fee is calculated as follows:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$375			BASIC FEE: \$750	
Total	5-20 =	0	X9	\$ 0	OR	X18	\$
Independent	1- 3=	0	X42	\$ 0	OR	X84	\$
<input type="checkbox"/> Multiple Dependent Claims Present			\$140	\$	OR	\$280	\$
			TOTAL	\$ 375.00	OR	TOTAL	\$

- ☐ **The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts.**
- ☐ A check in the amount of \$__ to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-0310 (Billing No. 053663-5017-01)** as noted below. A duplicate copy of this sheet is enclosed.
- ☒ Any overpayments or deficiencies in the above-calculated fee.
- ☒ Filing fee in the amount of **\$375.00** calculated above.
- ☒ Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
- ☒ In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS:

JUNE 25, 2003
(Date)

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KD/JDGB/dlm
Enclosures

del